

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11552

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2742

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				e. STREET ADDRESS (If rural, give location) 18 4119 Blaine Ave. 21870					
3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) E.		c. (Last) VANCE SR.		4. DATE OF DEATH (Month) (Day) (Year) March 15 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 15, 1893			
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired) Liggett & Myers Tob. Co.				10b. KIND OF BUSINESS OR INDUSTRY Tob. Co.		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME John Vance		13b. MOTHER'S MAIDEN NAME Unknown Brown			
14. NAME OF HUSBAND OR WIFE Alta C. Vance				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None					
16. SOCIAL SECURITY NO. 494-01-1626				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Millard F. Vance 4119 Blaine Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 hours approx 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-15-1956, to 3-15-1956, that I last saw the deceased alive on 3-15-1956, and that death occurred at 11:55 A.M., from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) James W. Fletes, M.D.				23b. ADDRESS 7270 Natural Bridge Rd		23c. DATE SIGNED 3-16-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 19, 1956		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. MAR 16 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

S. O. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edwin A. McNewatt*.....

Licensed Embalmer No. *302*.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.